CONSUMER COMPLAINT FORM

OFFICE OF THE ATTORNEY GENERAL
CONSUMER PROTECTION DIVISION

GENERAL COMPLAINT

REVISED 1/10

STATEWIDE TOLL FREE 1-800-551-4636

CONSUMER INFORMATION

Name _____
Please Print or Type   *Last*   *First*   *Middle Initial*

Address:_____

City:_____State_____Zip_____

Phone: Day: (_____) _____ Evening: (_____) _____ E-mail address: _____

*PLEASE READ: In order to process your complaint, the Attorney General's Office will send a copy of your complaint to the complained of business. Do you want the Attorney General's Office to send this business a copy of your complaint? I understand that if I answer No, the Attorney General's Office **will not process** this complaint. **Yes ☐ No ☐**

I understand my complaint and any related documents I have submitted will become public record. Under state law, public records are subject to public records disclosure requests. Under some circumstances, my complaint and related documents may be seen by other people. Please keep this in mind when giving us personal information such as Social Security, credit and bank account numbers, and medical information.

BUSINESS INFORMATION

Name of business you are complaining about: _____

Address:_____

City:_____ State:_____ Zip:_____

Phone: (_____)_____ Fax: (_____) _____ Toll-free number: _____ E-mail address: _____

Name of Owner or Manager (if known):_____

Names and addresses of any other businesses involved in your complaint:_____

_____

Item or service purchased:_____

_____

Cost of item or service: _____ Did you sign a contract?_____ Date of transaction: ____/____/____

Salesperson's name:_____

Was an advertisement involved? _____ Date and source of advertisement:_____

(Please send a copy of the advertisement if it is available.)

ABOUT YOUR COMPLAINT

Have you complained to the business? Yes ☐ No ☐   If YES, to whom: (and their position)_____

What response did you receive? _____

_____

Have you filed a complaint about this business with the Attorney General's Office before? Yes ☐ No ☐   If Yes, list the file number _____

Have you contacted a private attorney? Yes ☐ No ☐   If YES, identify the name and address of the attorney:_____

_____

Is there a court or other legal proceeding pending? Yes ☐ No ☐ If YES, please explain:_____

_____

EXPLAIN YOUR COMPLAINT IN DETAIL (use additional pages if necessary):

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What do you think the business should do to resolve your complaint? (Circle One)

      Refund   Deliver Product   Perform Service   Other

Explain if you have circled "Other":

_____
_____
_____

Bellingham: Island, San Juan, Skagit and Whatcom 103 E. HOLLY, SUITE 308 BELLINGHAM, WA 98225-4728 (360) 738-6185 fax (360) 738-6190	Seattle: North King, Snohomish, Clallam and Jefferson Counties and Bainbridge Island 800 FIFTH AVENUE, SUITE 2000 SEATTLE, WA 98104-3188 (206) 464-6684 fax (206) 389-2801	Tacoma: Pierce, Mason, Grays Harbor, Kitsap, and South King County PO Box 2317 TACOMA WA 98401-2317 (253) 593-2904 fax (253) 597-4408
Spokane: Eastern Washington 1116 WEST RIVERSIDE SPOKANE WA 99201-1194 (509) 456-3123 fax (509) 458-3548	This form should be returned to the address nearest to you. After your complaint is received, you will be contacted regarding assignment of your complaint. Please include copies of related documents. **SEND COPIES ONLY - DO NOT INCLUDE ORIGINAL DOCUMENTS**	Vancouver: Clark, Cowlitz ,Pacific, Skamania, Wahkiakum, Lewis, and Thurston Counties 1220 MAIN STREET, SUITE 549 VANCOUVER WA 98660-2964 (360) 759-2150 fax (360) 759-2159

E-MAIL NOTIFICATION

The Attorney General's Office will periodically issue press releases, consumer warnings and other notifications to the public. We would like to include you in our e-mail list for these notifications. Please check "Yes" if you want to receive these notifications. Yes ☐ No ☐

SIGNATURE

I declare, under penalty of perjury under the laws of the State of Washington, that the information contained in this complaint is true and accurate, and that any documents attached are true and accurate copies of the originals.

I understand that my complaint and the related documents will become "public record" and under state law can be subject to a public records disclosure request and may be seen by other people.

_____ _____ _____
Signature   Date   City and State where signed